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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

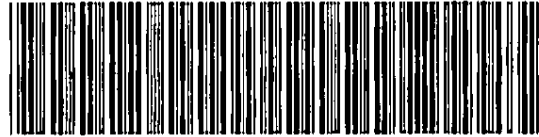
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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STATE

*[Handwritten signature]*



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 5, 2020

DHINA BERGER  
7740 SOUTHSIDE BLVD  
JACKSONVILLE, FL 32256

SUBJECT: TRANSPERSONAL FOUNDATION  
Ref. Number: W20000056121

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2021 APR 29 PM 4:27  
CLERK OF COURT  
JACKSONVILLE

We have received your document for TRANSPERSONAL FOUNDATION and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. This word may be: CORPORATION, CORP., INCORPORATED, or INC. Sections 617.0401(1)(a) and 617.1506(1), Florida Statutes, prohibits the use of the word COMPANY or CO. in the name of a non-profit corporation.

The purpose contained in your articles of incorporation should be more specific. Please correct your articles to reflect the specific purpose for which the non profit corporation is being organized.

Section 607.0802 or 617.0802, Florida Statutes, requires directors to be natural persons 18 years old or older.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

WILLIAM LAWRENCE  
Regulatory Specialist II

Letter Number: 620A00011181

COVER LETTER

Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Transpersonal Foundation, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one (1) copy of the Articles of Incorporation and a check for:

☐ \$70.00  
Filing Fee

☐ \$78.75  
Filing Fee &  
Certificate of  
Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate

ADDITIONAL COPY REQUIRED

2001 APR 29 PM 4:27

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FROM: China Berger  
Name (Printed or typed)

7740 Southside Blvd  
Address

Jacksonville FL 32256  
City, State & Zip

9049475109  
Daytime Telephone number

china0628@gmail.com  
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I NAME**

The name of the corporation shall be:

Transpersonal Foundation, Inc

**ARTICLE II PRINCIPAL OFFICE**

Principal street address:

2740 South side Bfward  
Jacksonville FL. 32256

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Providess assistance for  
mental, phisical and spiritual heath with  
using varies programs to assist

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**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed: meeting  
of the OWNERS.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Dhina Berger Name and Title: President

Address: 2740 South side Address: \_\_\_\_\_  
Baileor. JACKS.  
FL. 32256

Name and Title: Craig Berger Name and Title: Vice president

Address: 2740 South side Address: \_\_\_\_\_  
BfV. Jacksonville  
FL. 32256

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_ Address: \_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name:

STEVE LEWIS

Address:

534 COLLEGE DR. UNIT 201  
MIDDLEBURG, FL 32068

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name:

Dhina Berger

Address:

7240 Southside Blvd.  
Jacksonville FL 32256

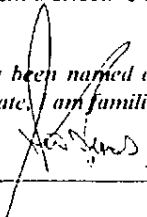
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

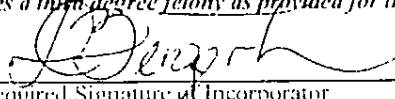
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Required Signature of Registered Agent

May 25 2020  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Required Signature of Incorporator

May 25/2020  
Date

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CLERK OF THE COURT  
JACKSONVILLE, FLORIDA